

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**In the \_\_\_\_\_ Judicial District Court of \_\_\_\_\_ County,  
(number) (county)**  
**State of Montana**

**In the Matter of the Estate of:**

**CAUSE NO.**

## **FIDUCIARY STATEMENT**

Deceased.

I acknowledge that I will assume the duties and responsibilities of a fiduciary and that I must work exclusively for the benefit of the decedent's estate and its beneficiaries, the ward under any guardianship, or the protected person under any conservatorship. I also acknowledge that the primary duty of a personal representative, guardian, or conservator is the duty of loyalty to and protection of the best interests of the estate, ward, or protected person. Therefore, I acknowledge that I may not use any of the property or other assets of the decedent's estate, ward, or protected person for my own personal benefit. I must direct any benefit derived from this appointment to the decedent's estate, ward, or protected person; and I must avoid conflicts of interest and must use ordinary skill and prudence in carrying out the duties of this appointment.

**I declare under penalty of perjury under the laws of the state of Montana that the foregoing is true and correct.**

DATED:

Signature:

Printed Name: